

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. 101784954 FILING DATE
APPLICANT(S)

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		CLAIMS	
	IND	DEP	IND	DEP	IND	DEP	IND	DEP
1	/		/				51	
2	/		/				52	
3	/		/				53	
4	3		3				54	
5	3		3				55	
6							56	
7							57	
8							58	
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10							60	
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40							90	
41							91	
42							92	
43							93	
44							94	
45							95	
46							96	
47							97	
48							98	
49							99	
50							100	
TOTAL IND.							TOTAL IND.	
TOTAL DEP.	8		1				TOTAL DEP.	
TOTAL CLAIMS	9		6				TOTAL CLAIMS	

BEST AVAILABLE COPY